PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

CURRENT CORRESPOND		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
23370	7590	01/10/2008			have	e its own certificate	of mai	ling or transmission.	G.
JOHN S. PRA KILPATRICK S 1100 PEACHTE		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
ATLANTA, GA		Lesley L. Andrew			(Depositor's name)				
		C	Fresure	7 /	Vidrous)	(Signature)			
					J	anuary 23	3,2	2008	(Date)
APPLICATION NO.	IO. FILING DATE		•	- FIRST NAMED INVENT		ATTORNEY DO		ENEY DOCKET NO.	CONFIRMATION NO.
10/621,229	/2003	Juan Jose Legarda Ib			anez 55979-314589 (0100) THE TREATMENT OF ALCOHOL DEPENDENC			1190	
APPLN, TYPE	SMALL ENTI	ry Iss	UE FEE DUE	PUBLICATION FEE D	n ie	PREV. PAID ISSUI	FFE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	1 1	\$720	\$300		\$0	1.55	\$1020	04/10/2008
•	EXAMINER		ART UNIT	CLASS-SUBCLASS		ì		01020	. 04/10/2000
KIM, JENNIFER M			1617	514-218000				·	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Kilpatrick Stockton					
ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG Hythiam, 1	ess an assignee i h in 37 CFR 3.11. GNEE			data will appear on to T a substitute for filing (B) RESIDENCE: (C	he page an CITY	atent. If an assignoassignment.	OUNT		ocument has been filed for
lease check the appropri	ate assignee cate	gory or categor	ies (will not be pr	rinted on the patent):		Individual 🛣 Co	rporati	on or other private gro	up entity Government
Aa. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. BONNEUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
. Change in Entity Stat									
OTE: The Issue Fee and terest as shown by the r						·		TTY status. See 37 CF ttorney or agent; or the	R 1.27(g)(2). e assignee or other party in
•	0, -	7m	22nd	. Onice.				23, 2008	
Authorized Signature Typed or printed name	T 1/\	McDona1	d, Ph.D.			Date		2,860	
								to which is to file (and to complete, including to on the amount of tim ark Office, U.S. Depa TO: Commissioner for a valid OMB control	by the USPTO to process, g gathering, preparing, and ne you require to complete runent of Commerce, P.O. or Patents, P.O. Box 1450,